

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10618727**  
APPLICANT(S)

FILED DATE **07-18-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		2		2		
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TOTAL IND.	1		1			
TOTAL DEP.	32		14			
TOTAL CLAIMS	33		15			